DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35591

FILED NOV 10 1943

Registration District No. 2910 — Primary Registration District No. 3058 — Registrar's No. 181

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 203 South Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles 92
(c) City or town St. Charles 5
(If outside city or town limits, write "RURAL")
(d) Street No. 203 South Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Sonora Alice Jordan
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased January (Month) 4 (Day) 1872 (Year)

8. AGE: Years 71 | Months 9 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace Carrollton (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ____

MOTHER FATHER
12. Name John Bepsice
13. Birthplace ____ (City, town, or county) Holland (State or foreign country)
14. Maiden name Mary A. Tietsa
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Samuel & Wallace Jordan
(b) Address St. Charles, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem. St. Charles
18. (a) Signature of funeral director H. C. Ballmeyer & Son Co. Mo.
(b) Address 801 N. Second, St. Charles, Mo.
19. (a) 10-27-1943 (Date received local registrar) (b) Ernest La Pauer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26
year 1943 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from 1-16, 1943, to 10-26, 1943
that I last saw her alive on 10-26, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Cervix with metastasis to Liver Lungs & ribs	2-3 yrs.
Due to ____	
Due to ____	
Other conditions (Include pregnancy within 3 months of death) ____	

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury ____

23. Signature O. W. Bowers (M. D. or other) M.D.
Address 106 Washington Date signed 10-28-43

1340 (Licensed Embalmer's Statement on Reverse Side) St. Charles, Mo.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7201.

Registration District No. ____ Primary Registration District No. ____ Registrar's No. ____

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State ____ (b) County ____
(c) City or town ____
(If outside city or town limits, write "RURAL")
(d) Street No. ____
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Sonora A. Gordon
3. (b) If veteran, name war ____
3. (c) Social Security No. ____

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Jan. 4 (Month) (Day) 1872 (Year)

8. AGE: Years 71 | Months 9 | Days ____ | If less than one day ____ hrs. ____ min.

9. Birthplace ____ (City, town, or county) Mo. (State or foreign country)

10. Usual occupation ____

11. Industry or business ____

FATHER
12. Name ____
13. Birthplace ____ (City, town, or county) ____ (State or foreign country)

MOTHER
14. Maiden name ____
15. Birthplace ____ (City, town, or county) ____ (State or foreign country)

16. (a) Informant ____
(b) Address ____

17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: burial or cremation ____

18. (a) Signature of funeral director ____
(b) Address ____

19. (a) 10-27-1943 (Date received local registrar) (b) Ernest E. Faust (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26 year 1943 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from ____, 19__; that I last saw h__ alive on ____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ____	
Due to ____	
Due to ____	
Other conditions (Include pregnancy within 3 months of death) ____	
Major findings: Of operations ____	
Of autopsy ____	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature ____ (M. D. or other)
Address ____ Date signed ____

SUPPLEMENTARY

WRITE PLAINLY—USE NON-FADING BLACK INK—MAKE A PERMANENT RECORD

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